

John M. Conner, M.D.

Board Certified Orthopaedic Surgeon

Past Medical History

Name _____

D.O.B. _____

LIST MEDICATION ALLERGIES: _____

LIST CURRENT MEDICATIONS: _____

LIST PAST SURGERIES: _____

CHECK ALL THAT APPLY (EXPLAIN IF NECESSARY)

_____ DIABETES

_____ KIDNEY DISEASE

_____ CANCER(Specify below)

_____ BROKEN BONE(Specify below)

_____ OSTEOPOROSIS

_____ RHEUMATOID ARTHRITIS

_____ INFECTIONS

_____ HEART DISEASE

_____ HEART ATTACK

_____ HIGH BLOOD PRESSURE

_____ LIVER DISEASE

_____ ULCERS/GASTRITIS

_____ BLEEDING DISORDER

_____ MENTAL DISORDER

_____ LUNG DISEASE

_____ BLOOD VESSEL DISEASE

_____ STROKE

_____ HIV

_____ OTHER ILLNESS(List below)

DO YOU SMOKE? YES NO IF SO HOW MUCH: _____

DO YOU DRINK MORE THAN A MODERATE AMOUNT OF ALCOHOL? YES NO

WHAT IS YOUR OCCUPATION: _____

PLEASE LIST FAMILY HISTORY: _____

HT _____ WT _____ BP _____ P _____